

**Application for Bail Agent Corporation License**

Form 431-2 (Rev. 01/2001)

**Producer Licensing Bureau**

P.O. BOX 1139  
 SACRAMENTO, CA 95812-1139  
 Information (800) 967-9331  
 Or (916) 322-3555

**READ THE INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING THIS APPLICATION**

ALL ENTRIES, EXCEPT SIGNATURES, MUST BE TYPED

1.	<b>ORGANIZATION NAME:</b> (Name must be approved by the Department prior to use)				<b>FOR DEPARTMENT USE ONLY</b>       File Number _____  WK STATION _____  Perm issued date _____							
2.	DOES THE CORPORATION INTEND TO USE A FICTITIOUS (DBA) NAME TO CONDUCT BAIL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, list such name: _____ (Name must be approved by the Department prior to use.)											
3.	<b>PRINCIPAL BUSINESS ADDRESS:</b> (P.O. Box not acceptable)  Street _____ Suite # _____ City _____ State _____ Zip Code _____											
4.	<b>MAILING ADDRESS:</b>  Street/P.O. Box _____ Suite # _____ City _____ State _____ Zip Code _____											
5.	IS THIS CORPORATION NOW USING OR HAS IT EVER USED ANY NAME OTHER THAN LISTED IN (1) OR (2) ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, list such names and dates used: _____											
6.	HAS THE CORPORATION SUBMITTED TO THE DEPARTMENT, WITHIN THE LAST YEAR A FILING FOR WHICH A LICENSE HAS NOT BEEN ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, list name under which the filing was made, date filed, and license type requested: _____											
7.	IS THE CORPORATION ENGAGED IN ANY BUSINESS OR ACTIVITY OTHER THAN BAIL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, answer the following: A. What is the nature of this other business or activity? _____ B. What percentage of the corporation's net income will be derived from this other business or activity? _____ % <b>Important:</b> Organization applicants engaged in business other than insurance are cautioned to review the laws governing such other business to ensure that the transacting is not incompatible under such laws.											
8.	IF THE CORPORATION HOLDS, OR HAS EVER HELD AN INSURANCE LICENSE, COMPLETE THE FOLLOWING: (Attach a separate sheet if needed) <div style="display: flex; justify-content: space-between;"> <span>Type of license and license number</span> <span>State or Province</span> <span>Resident or nonresident</span> <span>Is license in force?</span> <span>From</span> <span>To</span> </div> <table border="1" style="width: 100%; height: 40px;"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											
9.	WILL THE UNDERTAKING OF BAIL BE SUPPLIED TO THE CORPORATION THROUGH A GENERAL AGENT OR OTHER INTERMEDIARY? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, give name of such person: _____											

10.	<p>WILL THE CORPORATION OR ANYONE ELSE MAKE A DEPOSIT OF MONEY OR THING OF VALUE TO ESTABLISH AN INITIAL RESERVE ACCOUNT FOR YOU?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>If YES, complete the following:</p> <p>A. Describe the type of deposit (i.e., cash, securities, real property, etc.) _____</p> <p>B. What is the value thereof? _____</p> <p>C. With whom will such deposit be made? _____</p> <p>D. By whom will such deposit be made? _____</p>																																																																
11.	<p>WILL ANY PERSON OR ENTITY, OTHER THAN THE CORPORATION OR ANY OF ITS OFFICERS, DIRECTORS, STOCKHOLDERS OR EMPLOYEES, RECEIVE ANY INCOME OR REMUNERATION FROM THE BAIL BUSINESS?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>If YES, give the following information for each person or entity who will receive such income or remuneration:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">RESIDENCE ADDRESS</th> <th style="width: 34%;">INTEREST OR AFFILIATION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					NAME	RESIDENCE ADDRESS	INTEREST OR AFFILIATION																																																									
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12.	<p>COMPLETE THE FOLLOWING AND ATTACH A COPY OF THE CORPORATE ARTICLES: (attach a separate sheet if more space is needed)</p> <p>A. Date incorporated _____, State in which incorporated _____, Corporate # _____.</p> <p>B. Attach letter from the appropriate regulating authority disclosing any sale, transfer and/or issuance of the applicant's capital stock during the preceding 12 months.</p> <p>C. List <b>all</b> Officers, Directors and stockholders of the corporation stock. (if no officers or directors, indicate Anone≡ in applicable area)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Name: Last</th> <th style="width: 15%;">First</th> <th style="width: 15%;">Middle</th> <th style="width: 15%;">License Number</th> <th style="width: 15%;">Social Security Number</th> <th style="width: 15%;">% of ownership</th> </tr> </thead> <tbody> <tr><td>President</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Vice President</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Secretary</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Treasurer</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Director</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Director</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Stockholder</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Stockholder</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>Stockholder</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Name: Last	First	Middle	License Number	Social Security Number	% of ownership	President						Vice President						Secretary						Treasurer						Director						Director						Stockholder						Stockholder						Stockholder					
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13.	<p>IF THE ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS A, B, OR C, ATTACH A SUPPLEMENTARY STATEMENT GIVING COMPLETE DETAILS:</p> <p>A. Is the corporation now or has it ever been connected with a law enforcement agency?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>B. Has the corporation ever been named as a defendant in a civil suit?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>C. Has the corporation ever filed bankruptcy?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p>																																																																

<p><b>* IMPORTANT NOTICE:</b> If you answer yes to (14), or (15) attach a detailed statement of the events which led to the charges (dates and places). If the matter was heard in court, attach copies, certified by the court, of the <b>Criminal Complaint</b> and the Sentencing Minute Order showing the final plea, judgement and sentence. If any disciplinary action was taken by an administrative agency, attach certified copy of the action.</p>									
14.	<p>HAS THE CORPORATION OR ANY OF ITS OFFICERS, DIRECTORS, OR STOCKHOLDERS BEEN THE SUBJECT OF ANY ADMINISTRATIVE AGENCY DISCIPLINARY ACTION? For the purpose of this question, administrative agency disciplinary action includes but is not limited to: having any professional, vocational or business license denied, suspended, placed on probation, restricted or revoked, or any fine imposed; withdrawing any application or surrendering any license to avoid disciplinary action; being issued a cease and desist order or its equivalent; being the subject of a conservation, liquidation, rehabilitation or receivership order.</p> <p>Γ YES Γ NO</p>								
15.	<p>HAS THE CORPORATION OR HAVE ANY OF ITS OFFICERS, DIRECTORS, OR STOCKHOLDERS <i>EVER</i> BEEN CONVICTED OF A CRIME? Γ YES Γ NO</p> <p>ACRIME≡ includes a felony or misdemeanor and military offenses. ACONVICTED≡ includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having had any charge expunged, dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses.</p>								
<p><b>APPLICANT'S CERTIFICATION:</b></p> <p>I (WE) certify (or declare) under penalty of perjury that:</p> <p style="margin-left: 40px;">(A) the named corporation intends actively and in good faith to carry on a bail business with the general public;</p> <p style="margin-left: 40px;">(B) the corporation's articles of incorporation do not forbid it to act in the capacity for which this application is being made;</p> <p style="margin-left: 40px;">(C) the holding of the license hereby applied for is not incompatible with the laws, rules or regulations of any federal, state, county or municipal government for which it performs work (if any) or by which it is licensed (if any);</p> <p style="margin-left: 40px;">(D) if the license is granted, only those natural persons so authorized will transact bail business under the license;</p> <p>Further, I (WE) certify (or declare) under penalty of perjury that I (WE) have read the foregoing application and know the contents thereof and that each statement therein made is full, true and correct. I (WE) understand that pursuant to Sections 1668(H) , 1738, and 1821 of the Insurance Code any false statements may subject my application to denial and may subject my license(s) to suspension or revocation. Further, pursuant to Insurance Code Sections 1703 and 1733, I (WE) authorize disclosure to the Insurance Commissioner of all financial institution records of any fiduciary accounts for the duration of this license.</p> <hr style="border: 1px solid black;"/> <p><b>Important Notice »</b></p> <p>An Officer having authority to bind the corporation must sign.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">* SIGNATURE(S): _____</td> <td style="width: 40%; border: none;">Title _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">Title _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">Title _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">Title _____</td> </tr> </table> <p style="margin-top: 10px;">* DATE EXECUTED: _____ , At _____ , _____</p> <p style="text-align: center; margin-left: 100px;">(Month, day, year) (City) (State)</p>		* SIGNATURE(S): _____	Title _____	_____	Title _____	_____	Title _____	_____	Title _____
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_____	Title _____								
_____	Title _____								
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16.	<p>* BUSINESS PHONE # ( ) _____ FAX # ( ) _____</p>								
<p><b><u>NOTICE: INFORMATION COLLECTION AND ACCESS</u></b></p> <p>Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals.</p> <ul style="list-style-type: none"> <li>• <b>AGENCY:</b> Department of Insurance      <b>ADDRESS:</b> 320 Capitol Mall, Sacramento, CA 95814-4309      <b>TELEPHONE:</b> (800) 967-9331 or (916) 322-3555</li> <li>• <b>TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:</b> Chief, Producer Licensing Bureau</li> <li>• <b>AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:</b> California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1</li> <li>• <b>THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION:</b> Delay or non-issuance of license applied for.</li> <li>• <b>THE PRINCIPAL PURPOSES(S) FOR WHICH THE INFORMATION IS TO BE USED:</b> Evaluation of the license application.</li> <li>• <b>EACH INDIVIDUAL HAS THE RIGHT TO REVIEW FILES MAINTAINED ON THEM BY THE AGENCY, UNLESS THE INFORMATION IS CLASSIFIED AS CONFIDENTIAL UNDER SECTION 1798.3(A) OF THE CIVIL CODE.</b></li> </ul>									

# Filing Instructions

1. All entries, except signatures, must be typed.
2. Application for license must be filed with the Department promptly after being executed, and be completed in full, signed, dated and accompanied by all required fees and supplementary documents. Deficient filings will require an amendment and will result in processing delays.
3. If already incorporated, attach copy of your Articles of Incorporation. Attach letter from the appropriate regulating authority disclosing any sale, transfer and/or issuance of the applicant's capital stock during the preceding 12 months.
4. The true name of the corporation must be entered. Include commas, hyphens, ampersands, etc. The name is subject to disapproval by the Insurance Commissioner.
5. If you intend to transact insurance in a name other than the true organization name shown in Question # 1, enter such fictitious name. Refer to California Code of Regulations 2066.4 for fictitious name filing requirements. This fictitious name is subject to disapproval by the Insurance Commissioner.
6. All officers, directors, and stockholders must hold an individual bail agent license.
7. All applicants are required to be fully knowledgeable in the rules and regulations governing bail bond transactions covered in Sections 2053 and 2104 of the extracts of the California Code of Regulations.
8. Bond coverage is required for all bail licenses.
9. **Forms filing list:** Each corporation applying for a license must provide a copy of the forms or documents which the corporation intends to use regularly or frequently in connection with its bail transactions [California Administrative Code, Section 2095(k)]. As each surety has previously filed such forms, the applicant's compliance with Section 2095(k) can be accomplished by filing a forms list as provided by the surety. This signed list should accompany the application when it is filed with the Department.
10. A bail agent action notice of appointment (Form 437-23) from a surety company is required. A separate filing is required for each subsequent appointment submitted with the application.
11. An applicant for license may not solicit, negotiate or transact bail until authorized to do so under an appropriate license issued by the Department. After all filing requirements are submitted, the applicant will be notified if a personal interview by the department is required.

Mail application with fees to:      DEPARTMENT OF INSURANCE  
   P.O. BOX 1139  
   SACRAMENTO, CA 95812-1139

**ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.**